

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>ir</i>	<i>45</i>	<i>25/3</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	1/2/64
2	2	2	2/7/61
3	3	3	3/10/11
4	4	4	4/12/62
5	5	5	5/10/63
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31	31	31	
32	32	32	✓
33	33	33	✓
34	34	34	✓
35	35	35	
36	36	36	
37	37	37	
38	38	38	
39	39	39	✓
40	40	40	
41	41	41	
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49	49	49	
50	50	50	✓

Claim	Final	Original	Date
51	51	51	1/2/64
52	52	52	2/7/61
53	53	53	3/10/11
54	54	54	4/12/62
55	55	55	5/10/63
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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